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ABSTRACT

Contemporary society is failing to meet the developmental needs of youth. A peer counseling program using a variety of approaches including unstructured drop-in time for arts and crafts, games or simple interaction; planned social activities; and weekly 3-hour meetings was implemented. This study examined the outcome of the peer counseling program on stress, coping, self-esteem, and social support on a group of adolescents (N=102) who had received peer counseling compared to two control groups (N=238). Four instruments were used to assess stress, self-esteem, social support and coping. The analysis revealed significant differences between the counseled group means and both control group means on the coping factor and on social support scales. Posttests were given to the same subjects 5 months after the administration of pretests. The results showed decreases between the pretest and posttest means in the counseled group on measures of stress, and decreases in one control group on measures of social support. Peer counseling seemed to have a positive impact on the promotion of health development in the young persons experiencing the peer counseling. (ABL)

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Developmental Peer Counseling

and

Health Promotion

by

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Running Head: COUNSELING

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Abstract

This paper describes a peer counseling program and an evaluation research study that examined the program. In order to examine the outcome of the peer counseling program on stress, coping, self-esteem, and social support, a group of 102 adolescents who had received peer counseling was compared to two control groups (134 + 104 = 238) that had not received peer counseling. A-File (McCubbin, Patterson, Bauman, & Harris, 1981), A-COPE (Patterson & McCubbin, 1983), the Rosenberg Self-Esteem Scale (Rosenberg, 1965), and the SSI (McCubbin, Patterson, Rossman, & Cooke, 1982), four reliable and valid instruments, were administered to the 340 adolescents. Analysis of variance and the Scheffé test of statistical analysis of the data resulted in significant differences between the counseled group means and both control groups means on the coping factor and social support scales. Posttests were given to the same subjects five months after the administration of pretests. The paired t-test of statistical analysis resulted in decreases between the pretest and posttest means in the counseled group on measures of stress, and decreases in one control group on measures of social support. Peer counseling seemed to have a positive impact on the promotion of healthy development in the young persons experiencing the peer counseling program.

Contemporary society is failing to meet the developmental needs of our Canadian youth. The Canadian male suicide rate between the ages of 15-24 years rose from 5.3 per 100,000 males in 1960 to 21.2 in 1981 (Statistics Canada, 1987), while the male suicide rate in the United States for the same age range rose from 5.6 per 100,000 males in 1960 to 13.6 in 1981 (Hawton, 1986). The Canadian divorce rate more than doubled between the years of 1969-1980 (Statistics Canada, 1983), and Offord (1986) reported that over 18% of the 3,294 children in his Ontario Child Health Study had one or more psychiatric disorders. Social and cultural changes have created an urgent need for cost-effective counseling interventions that promote the healthy development of modern youth. Young people struggle with role confusion and ambiguity, the breakdown of family and social support networks, a future that is at best vague and at worst non-existent (Yalom, 1985). A counseling intervention that seems to be effective is peer counseling. Peer leaders with specific training and continued supervision by counselors can have an impact on healthy development (Carr, 1984). In order to examine the outcome of a peer counseling program on stress, coping, self-esteem and social support, a group of 102 adolescents who had received peer counseling was compared to two control groups (134 + 104 = 238) not having received peer counseling. This article describes The House of Shalom Youth Centre, a peer counseling program, and

summarizes a research study that compared young people experiencing the counseling program to young people not experiencing the same.

Shalom: A Developmental Group Model for Young Adults

The House of Shalom Youth Centre peer counseling program began in 1970 in Amherstburg, a suburban community in southwestern Ontario. A group of 15 adolescents met with a local psychologist and theologian to discuss the needs of the young people in the community. Graduating eighth grade students who showed outstanding leadership qualities were invited to form the first Grade Nine Group and to be the first future peer leaders with the program. Thereafter a new Grade Nine Group was formed yearly, with previous groups progressing through a series of grade-related steps in the program. At present there are five peer counseling groups, Grades 9, 10, 11, 12, and the Senior Group.

The House of Shalom counseling program uses a variety of approaches including unstructured drop-in time for arts and crafts, games or simple interaction; planned social activities, such as dances and coffee houses; and weekly three-hour meetings that use music, discussion, audiovisuals, role-playing and other exercises to promote self-awareness, competence, communication, and positive attitudes and feelings in developmental topic areas. In addition, members participate in a group weekend program similar to the regular meetings in format and content, but with

increased opportunity for continuity and depth. The weekend is intended to reinforce the individual personality and heighten the sense of community.

The program provides for peer and adult leadership in the different groups; ideally, leaders remain with the same group as it evolves through the program. Peer leaders are members of the Grade 12 and Senior Groups who demonstrate leadership qualities. The Senior Group formed in 1975 now includes university students, young working singles, and young married couples. It provides on-going support and continued counselor education and development for people interested in remaining in the program as leaders.

There are 200 young members in the program and each person pays a yearly fee of $10.00. The program is funded by the United Way of Windsor-Essex County, Ontario. There are five full-time and nine part-time staff. Twenty-three volunteers under age 25 contribute time as peer leaders, and 20 volunteer adult leaders are drawn from the community. The program is non-denominational and open to every young person in the community. It is not a treatment center for those with abnormal behavior problems, although individual counseling is available if necessary. The goal is not remediation but health promotion (Carty, 1983, 1987).

Hypotheses

The study hypotheses were:

1. Adolescents who experience long-term peer counseling will have

a different stress pattern than adolescents who do not experience long-term peer counseling.

2. Adolescents who experience long-term peer counseling will have a different coping pattern than adolescents who do not experience long-term peer counseling.
3. Adolescents who experience long-term peer counseling will have greater self-esteem than adolescents who do not experience long-term peer counseling.
4. Adolescents who experience long-term peer counseling will have greater social support than adolescents who do not experience long-term peer counseling.

Methodology

In September, 1986, 340 adolescents were administered self-report instruments measuring stress, coping, self-esteem, and social support. One hundred and two subjects belonged to the House of Shalom counseling program (Experimental Group). One hundred and thirty-four subjects from the only high-school in the same suburban community as the counseling program volunteered to participate as a control group (Control Group #1). One hundred and four subjects from a community similar in size and demographics to the former community volunteered to participate as a second control group (Control Group #2). The Experimental Group and both Control Groups were comprized of Grade 9, 10, 11, and 12 students. The Grade 9 Experimental Group was a pretreatment

group, since members in the Grade 9 Group were just beginning their counseling experience. Members in the other groups had experienced variable program exposure. The Grade 10 group had a new membership of 6 (21%), the Grade 11 group had a new membership of 5 (19%), and the Grade 12 group had a new membership of 1 (5%). Nine subjects involved in other counseling or psychotherapeutic programs were excluded from the study. There were 131 males and 209 females in the study population. Most of the population was Caucasion 318 (93%) and most lived in a traditional style family. One hundred and fifty-seven (46%) of the fathers were professional, 177 (52%) were non-professional, and four (1%) were homemakers.

Control Group #1 (C#1), Control Group #2 (C#2), and the Experimental Group (E) pretest demographic variables were analyzed using the chi square test of association. There were no significant differences among the three groups on the following descriptive variables: sex, X^2 (2, N=340) = 4.36, $p > .05$; race, X^2 (6, N=340) = 3.00, $p > .05$; maternal marital status, X^2 (8, N=340) = 13.45, $p > .05$; paternal marital status, X^2 (8, N=340) = 19.66, $p > .05$; maternal education, X^2 (8, N=340) = 6.73, $p > .05$; paternal education, X^2 (8, N=340) = 14.16, $p > .05$; maternal occupation, (4, N=340) = 5.58, $p > .05$; paternal occupation (4, N=340) = 5.86, $p > .05$; number of children, (8, N=340) = 9.49, $p > .05$; birth order, X^2 (8, N=340) = 4.86, $p >$

.05; average grade (university track program), X^2 (4, N=191) = 0.45, p > .05; average grade (technical track program), X^2 (8, N=149) = 13.21, p > .05. There was a significant difference between the three groups on the descriptive value of religion, X^2 (6, N=340) = 49.11, p < .001. There were 88 (26%) Protestants, 199 (58%) Catholics, 17 (5%) Jews, and 21 (6%) identified their religion as other; while 15 (4%) identified their religion as none. The E group identified religion as follows: none = 1 (1%), Protestant = 11 (10.8%); Catholic = 85 (83.3%), Jewish 5 (4.9%), Other = 0. C #1 identified religion as follows: none = 8 (6%), Protestant = 37 (27.8%), Catholic = 76 (56.7%), Jewish 12 (9%), Other = 1 (0%), Missing = 1 (0%). C#2 identified religion as follows: none = 6 (5.8%), Protestant = 40 (38.5%), Catholic = 38 (36.5%), Jewish = 0, Other = 20 (19.2%). A possible explanation for the lower percentage of Catholics in C#2 (36.5%) is that most Catholics in the C#2 community attended a Catholic high school within the region of this community.

The pre-test data were analyzed by group and grade using one-way analysis of variance and Scheffé. The purpose of this analysis was to demonstrate long-term changes in the E over a four-year grade span (Grades 9 through 12) compared to C#1 and C#2. Five months after the pretests, posttests were administered to 213 of the same subjects still available and willing to participate. The chi square test of association of the

demographic variables produced a pattern similar to that for the pretest data analysis except that there was a significant difference among the three groups on the sex variable, X^2 (2, N=213) = 6.91, $p < .05$. There were 79 (37%) males and 134 (63%) females. C#1 had 24 (27%) males and 64 (73%) females, C#2 had 25 (40%) males and 37 (60%) females, and the E had 30 (48%) males and 33 (52%) females. The paired t-test analysis was used to analyze the changes between the pretest and the posttest scores in each of the three groups. The purpose of this analysis was to demonstrate the short-term changes in the Es and both Cs in the four grades (Grades 9 through 12).

Research Instruments

A-FILE (McCubbin, Patterson, Bauman, & Harris, 1981), a research instrument developed for adolescents 12 through 18 years, was used to operationally define stress. A-FILE has 50 items in six scales, the sum of which produces a Total Recent Life Changes score that measures developmental and situational change occuring within the adolescent's family. The internal reliability (Cronbach's alpha) for the Total Recent Life Changes scale is alpha = .69 and the test-retest reliability is reported to be r = .82. Concurrent validity for the A-FILE was supported by correlating A-FILE with the use of cigarettes and alcohol, and with the Health Locus of Control scale developed by Wallston, Wallston, and De Vellu (McCubbin & Patterson, 1981).

A-COPE (Patterson & McCubbin, 1983), a 54 item Likert scale, developed for adolescents 12 through 18 years, was used to operationally define coping. A-COPE has 12 coping factors and is normed seperately for males and females. The internal reliability (Cronbach's alpha) is alpha = .70. Concurrent validity of A-COPE was supported by examining the relationship between coping patterns and the use of cigarettes, beer, wine, liquor, and marijuana among 709 adolescents, 13-18 years of age.

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) is a ten item Guttman scale. Silber and Tippett (cited in Rosenberg, 1965) reported the test-retest reliability of the Rosenberg Scale to be r = .85. Rosenberg (1965) reported the reproducibility of this scale as 92 percent and its scalability as 72 percent, sufficient coefficients in terms of the criteria established by Guttman (cited in Rosenberg, 1965). Rosenberg (1965) supported concurrent validity for the scale by correlating the Rosenberg scale with the Leary Scale, Physiological Indicators of Neurosis, client reported psychosomatic symptoms, and a number of social indicators.

The SSI (Cooke, Rossman, McCubbin, & Patterson, 1982), a 66 item research instrument, developed to measure social support in new parents was used to operationalize social support. Reliability of the SSI was established through test-retest (r = .81) and the split-half technique that computed the coefficient of equivalence (r = .72). Validity support was established by: a

systematic review of the literature; establishing the concurrence between transcriptions of ethnographic interviews of 22 persons with the literature review; and two family life educators blindly matching the 22 interview responses with the SSI responses (r = .80). Cooke, Rossman, McCubbin, & Patterson (1982) stated that the SSI could measure social support in other contexts and roles. The scales that referred to spouse, children, and other were not included in this study.

Results

Hypothesis 1

Hypothesis 1 was supported by the A-FILE data analysis. Adolescents who experience long-term peer counseling will have a different stress pattern than adolescents who do not experience a long-term peer counseling program.

Pretest Analysis of A-FILE

Analysis of variance and Scheffé of the Total Recent Life Changes scale resulted in no significant differences among the three Grade 9 Groups. The Grade 9 E mean (M=7.33) represented a pretreatment mean and was not significantly different than the C#1 mean (M=8.31) or the C#2 mean (M=5.84), F (2, 71) = 1.87, $p > .05$. Analysis of variance and Scheffé resulted in a significant difference among the Total Grades group means on the Total Recent Life Changes scale; the C#1 mean was 9.31, the C#2 mean was 7.67, and the E mean was 9.13, but Scheffé did not

identify a significantly different group, F (2, 339) = 3.29, $p < .05$.

Pretest, Posttest Analysis of A-FILE

Paired t-test analysis resulted in a significant difference on the Total Recent Life Changes scale between the Grade 12 E pretest mean (M=8.93) and the posttest mean (M=6.29), t (13) = 4.06, $p < .01$; and a significant difference between the Total Grades E pretest mean (M=9.03) and the posttest mean (M=8.17), t (62) = 2.06, $p < .05$. The only significant difference on the same scale between pretest and posttest means in the Control Groups was the difference between the Grade 10 C#1 pretest mean (M=9.35) and the posttest mean (M=8.43), t (36) = 2.05, $p < .05$. There were no significant differences on the Total Recent Life Changes scale for the Total Grades between the C#1 pretest mean (M=9.24) and the posttest mean (M=8.89), t (87) = 0.99, $> .05$; or between the Total Grades C#2 pretest mean (M=7.37) and the posttest mean (M=6.98), t (61) = 0.75, $p > .05$.

Hypothesis 2

Hypothesis 2 was supported by the A-COPE data analysis. Adolescents who experience long-term peer counseling will have a different coping pattern than adolescents who do not experience long-term peer counseling.

Pretest Analysis of A-COPE

Analysis of variance and Scheffé resulted in no significant

differences among the three male Grade 9 Groups on the coping factors of Developing Social Support and Seeking Spiritual Support. The Grade 9 male E mean on the coping factor Developing Social Support (M = 15.44) was not significantly different than the same grade C#1 mean (M=17.17) and the C#2 mean (M=17.60), F (2, 30) = 0.90, $p > .05$. The Grade 9 male E mean on the coping factor Seeking Spiritual Support (M=6.33) was not significantly different than the same grade C#1 mean (M=4.75) or the C#2 mean (M=5.30), F (2, 30) = 0.90, $p > .05$. The Grade 10 male C#1 mean (M=14.92) for the coping factor Developing Social Support was significantly lower than the same grade C#2 mean (M=21.54), and the same grade E mean (M=20.38), F (2, 36) = 12.68, $p < .001$. The same factor male Grade 12 E mean (M=20.87) was significantly greater than the same grade C#2 mean (M=16.08), and the same grade C#1 mean (M=14.20), F (2, 25) = 9.00, $p < .01$. The same scale Total Grades male E mean (M=19.04) was significantly greater than the C#1 mean (M=16.26), but not significantly different than the C#2 mean (M=18.40), F (2, 130) = 5.58, $p < .01$.

The Grade 10 male C#1 mean (M=4.31) for the coping factor Seeking Spiritual Support was significantly lower than the C#2 mean (M=8.09) and the E mean (M=7.31), F (2, 36) = 5.82, $p < .01$. The male Grade 12 E mean (M=8.62) for the same coping factor was significantly greater than the C#1 mean (M=4.40) and the C#2 mean (M=4.23), F (2, 25) = 19.63, $p < .001$. The same scale Total

Grades male E mean (M=7.33) was significantly greater than the C#1 mean (M=4.77) and the C#2 mean (M-5.88),F (2, 130) = 9.48, p < .001.

Analysis of variance and Scheffé resulted in the female Grade 9 E mean on the Developing Social Support scale (M=22.39) being significantly greater than the same grade C#1 mean (M=19.29), but not significantly different than the C#2 mean (M=21.44), F (2, 40) = 4.76, p<.05. The female Grade 12 E mean on the Developing Social Support scale (M=23.58) was significantly greater than the same grade C#2 mean (M=20.17), but not significantly different than the C#1 mean (M=20.71), F (2, 43) = 4.93, p < .05; the same scale female Total Grades mean for the E (M=22.32) was significantly greater than the C#1 mean (M=20.03) and the C#2 mean (M=20.24), F (2, 208) = 8.05, p < .001.

The female Grade 9 E mean on Seeking Spiritual Support (M=8.44) was significantly greater than the same grade C#1 mean (M=5.57), but not significantly different than the C#2 mean (M=6.56), F (2, 40) = 3.56, p < .05. The female Grade 12 E mean on the same factor mean (M=8.17) was significantly greater than the same grade C#1 mean (M=5.29) and the C#2 mean (M-5.61), F (2, 43) = 7.14, p < .01. The Total Grades Female E mean on the coping factor Seeking Spiritual Support (M=7.46) was significantly greater than the C#1 mean (M=5.55) and the C#2 mean (M=5.90), F (2, 208) = 9.39, p < .001.

[Insert Table #1 About Here if Included]

Pretest, Posttest Analysis of A-COPE

Paired t-test analysis of A-COPE resulted in no significant differences between the pretest and the posttest means for the Total Grades male and female means on the coping factors Developing Social Support and Seeking Spiritual Support.

Hypothesis 3

Hypothesis 3 was not supported by the data analysis of the Rosenberg Self-Esteem Scale and was not accepted. Adolescents who experience long-term peer counseling will have greater self-esteem than adolescents who do not experience long-term peer counseling.

Hypothesis 4

Hypothesis 4 was supported by the data analysis of the SSI and was accepted. Adolescents who experience long-term peer counseling will have greater social support than adolescents who do not experience long-term peer counseling.

Pretest Analysis of the SSI

Analysis of variance and Scheffé of the Total Sources and Kinds of Support scale of the SSI resulted in no significant difference among the Grade 9 E mean (M=31.04), and the same grade C#1 mean (M=24.23) and the C#2 mean (M=22.79), F = (2, 71) = 2.92, $p > .05$. The Grade 10 E mean for Total Sources and Kinds of Support (M=36.45) was significantly greater than the same grade

C#1 mean (M=28.02), but not significantly different than the C#2 mean (M=32.50), F (2, 103) = 3.58, p < .05. The Grade 12 E mean for Total Sources and Kinds of Support (M=45.25) was significantly greater than the same grade C#1 mean (M=30.74) and the C#2 mean (M=26.90), F (2, 69) = 14.12, p < .001. The Total Grades E mean for Total Sources and Kinds of Support was significantly greater (M=36.10) than the C#1 mean (M=27.76) and the C#2 mean (M=27.30), F (2, 339) = 14.50, p < .001.

[Insert Table 2 About Here if Included]

Pretest, Posttest Analysis of SSl

Paired t-test analysis of the SSl data resulted in no significant difference between the Total Grades E pretest mean (M=39.3) and the E posttest mean (M=40.30), t (62) = -0.58, p > .05; or the Total Grades C#2 pretest mean (M=26.21) and the C#2 posttest mean (M=27.23), t (61) = -0.70, p > .05. There was a significant difference between the Total Grades C#1 pretest mean (M=27.51) and the posttest mean (M=21.41), t (87) = 10.67, p <.001.

Discussion

The results of this study suggested that peer counseling programs have a positive effect on adolescent stress, coping and social support and this effect seemed to occur over the long-term. Adolescents in the peer counseling program had different stress and coping patterns and greater social support than adolescents not in the peer counseling program and these

differences occured over the long-term, as measured by the A-FILE, the A-Cope, and the SSl. Adolescents in the peer counseling program did not have significantly different self-esteem levels as measured by the Rosenberg Self-Esteem Scale. There are two possible explanations for this latter result. The Rosenberg Self-Esteem Scale did not discriminate among subjects, or the concept it measured was not related to adolescent development in the peer counseling program. The Rosenberg Self-Esteem Scale measures esteem related to present identity and the research of Douvan and Adelson (1966) suggested that adolescent identity and esteem are related more to a future than to a present identity. Future identity is related to developing a philosophy of life. The A-COPE coping factor Seeking Spiritual Support is also related to developing a philosophy of life. The Experimental and both Control Groups scored lower than the Patterson, McCubbin, and Needle (1983) normative groups. A score of 3 on this factor indicates spiritual support is never sought, a score of 6 that it is hardly ever sought, a score of 9 that it is sometimes sought, a score of 12 that it is often sought, and a score of 15 that it is sought most of the time. Patterson, McCubbin, and Needle (1983) reported a male mean for this factor of 9.14, while the male E mean ($\underline{M}$=7.33) for this factor was significantly greater than the male C#1 mean ($\underline{M}$=4.77) and the male C#2 mean ($\underline{M}$=5.88), $\underline{F}$ (2, 130) = 9.48, $p < .001$. The reported normative female mean (Patterson,

McCubbin, & Needle, 1983) was 9.19, while the female E mean (M=7.46) was significantly greater than the female C#1 mean (M=5.55) and the C#2 mean (M=5.90), F (2, 208) = 9.39, $p < .001$. The coping factor of Seeking Spiritual Support, related to developing a philosophy of life seems to be a developmental need in the three study groups, and development in this area seems to be being addressed within the counseling program.

The decrease on the Total Sources and Kinds of Support scale of the SSI between the Total Grades C#1 pretest mean (M=27.51) and the posttest mean (M=21.41), t (87) = 10.67, $p<.001$, could possibly be related to the suicide of a male C#1 male, two months before the posttest. This explanation seems possible since the Grade 10 C#1 pretest mean (M=29.46) was significantly greater than the posttest mean (M=21.62), t (36) = 3.93, $p < .001$; and the Grade 11 C#1 pretest mean (M=26.77) was significantly greater than the posttest mean (M=18.95), t (22) = 3.54, $p < .01$.

There are some important limitations of this study. The E was self-selected and both C#1 and C#2 subjects were volunteers. Self-selection of subjects creates control problems related to internal validity. In spite of this limitation many researchers emphasize the importance of researching community groups already in existence (Lieberman & Bond, 1978; Goldman, 1978; Gelso, 1979). Random assignment of the E was not possible and the author's attempt to randomly assign the C subjects was

unsuccessful. The author attempted to provide some control by comparing the demographic characteristics of the groups, and by comparing the Grade 9 E, a pretreatment group, to the two Grade 9 Cs. This study examined an entire treatment package (the peer counseling program) and this resulted in global knowledge. It is not possible to identify exactly what interventions were effective. Gelso (1979) states that this type of field research is important and the global knowledge generated is important for both theory and practice. These limitations and the added limitation that data were gathered in only two southwestern communities makes the generalization of results guarded. In spite of these limitations, in most respects the study population was representative of high school students in southwestern Ontario and this study has produced useful data.

Longitudinal studies of the same adolescents over time are recommended. The present study provided cross-sectional data concerning development across Grade 9 through 12, but a longitudinal study would examine the same individuals over time, providing increased internal validity and external validity of the research findings. Future research needs to include qualitative dimensions that encompass data from the perspective of the adolescent. Qualitative approaches would include data expressed in the style and language of the adolescent providing cultural and environmental data.

Peer counseling is a cost effective intervention that seems to promote healthy adolescent development. The results of this study suggest a need for increased intervention related to adolescent development of a philosophy of life. It is recommended that communities, educational institutions, and health care agencies assess this need in adolescents and provide counseling services that will promote the development of a philosophy of life where indicated. Peer counseling empowers young people to help each other and helping another helps the self.

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TABLE 1

A-COPE Coping Patterns Analysis of Variance & Scheffé Test

Factor		C #1 N	C #2 N	E N	C #1 Mean	C #2 Mean	E Mean	C #1 S.D.	C #2 S.D.	E S.D.	df	F
Factor 4: Developing Social Support (6 Items)												
Grade 9	Males	12	10	9	17.17	17.60	15.44	3.59	3.69	3.81	2, 30	0.90
	Females	14	9	18	19.29+	21.44	22.39+	3.31	2.50	2.59	2, 40	4.76*
Grade 10	Males	13	11	13	14.92++	21.54	20.38	3.99	3.64	2.78	2, 36	12.68***
	Females	32	19	16	20.34	19.84	21.19	3.81	4.22	3.69	2, 66	0.52
Grade 11	Males	13	8	16	17.54	18.87	19.06	4.16	4.12	5.01	2, 36	0.44
	Females	31	16	10	19.74	20.12	22.50	4.02	4.10	3.31	2, 56	1.89
Grade 12	Males	5	13	8	14.20	16.08	20.87++	3.19	2.72	3.52	2, 25	9.00**
	Females	14	18	12	20.71	20.17+	23.58+	3.54	2.38	3.26	2, 43	4.93*
Total	Males	43	42	46	16.26+	18.40	19.04+	3.95	3.98	4.32	2, 130	5.58**
	Females	91	62	56	20.03	20.24	22.32++	3.74	3.47	3.23	2, 208	8.05***
Factor 7: Seeking Spiritual Support (3 Items)												
Grade 9	Males	12	10	9	4.75	5.30	6.33	2.99	2.16	2.78	2, 30	0.90
	Females	14	9	18	5.57+	6.56	8.44+	3.00	3.28	3.05	2, 40	3.56*
Grade 10	Males	13	11	13	4.31++	8.09	7.31	1.80	2.84	3.75	2, 36	5.82**
	Females	32	19	16	5.97	5.58	6.50	2.66	2.75	1.97	2, 66	0.57
Grade 11	Males	13	8	16	5.38	6.25	7.25	1.98	2.37	3.57	2, 36	1.54
	Females	31	16	10	5.23	6.25	6.40	2.70	3.11	2.76	2, 56	1.04
Grade 12	Males	5	13	8	4.40	4.23	8.62++	1.34	1.79	1.51	2, 25	19.63***
	Females	14	18	12	5.29	5.61	8.17++	1.90	1.82	2.72	2, 43	7.14**
Total	Males	43	42	46	4.77	5.88	7.33++	2.18	2.68	3.20	2, 130	9.84***
	Females	91	62	56	5.55	5.90	7.46++	2.61	2.67	2.75	2, 208	9.39***

NOTE. * Significant at the 0.05 level; ** Significant at the 0.01 level; *** Significant at the 0.001 level. + A pair of Groups significantly different from each other (Scheffé test); ++ A Group significantly different from the other two Groups (Scheffé test). E Experimental Group; C #1 Control Group #1; C #2 Control Group #2.

TABLE 2

SSI Social Support Inventory Analysis of Variance & Scheffé Test

Sources and Kinds of Support	C #1 N	C #2 N	E N	C #1 Mean	C #2 Mean	E Mean	C #1 S.D.	C #2 S.D.	E S.D.	df	F
Total Sources and Kinds of Support											
Grade 9	26	19	27	24.23	22.79	31.04	10.44	14.57	13.41	2, 71	2.92
Grade 10	45	30	29	28.02+	32.50	36.45+	13.47	12.71	13.91	2, 103	3.58*
Grade 11	44	24	26	28.29	27.00	33.92	10.83	10.26	16.08	2, 93	2.36
Grade 12	19	31	20	30.74	26.90	45.45++	10.13	11.27	15.26	2, 69	14.12***
Total	134	104	102	27.76	27.30	36.10++	11.67	12.43	15.24	2, 339	14.50***

NOTE. * Significant at the 0.05 level; *** Significant at the 0.001 level. + A pair of Groups significantly different from each other (Scheffé test); ++ A Group significantly different from the other two Groups (Scheffé test). E Experimental Group; C #1 Control Group #1; C #2 Control Group #2.